

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Rebuilding America Now	FEC IDENTIFICATION NUMBER ▼ C C00618876
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 915 KING STREET 2ND FLOOR		Amount 123920.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type 004	Transaction ID : SE24.222 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Name of Federal Candidate DONALD J. TRUMP		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13392865.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Mailing Address 915 KING STREET 2ND FLOOR		Amount 206250.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure MEDIA	Category/Type 004	Transaction ID : SE24.224 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 13392865.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	330170.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan R. Call Esq.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Signature

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Full Name of Payee MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2016	
Mailing Address 915 KING STREET 2ND FLOOR		Amount 669830.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.225
Purpose of Expenditure MEDIA	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13392865.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2016	
Mailing Address 915 KING STREET 2ND FLOOR		Amount 237480.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.226
Purpose of Expenditure MEDIA	Category/ Type 005	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 25 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13392865.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	907310.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Ryan R. Call Esq.

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Date

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08 / 25 / 2016

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Full Name of Payee MULTI MEDIA SERVICES CORPORATION MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 915 KING STREET 2ND FLOOR			Amount 762520.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.227	
Purpose of Expenditure MEDIA		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 13392865.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	762520.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2000000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan R. Call Esq.

[Electronically Filed]

Date

MM / DD / YYYY
08 / 25 / 2016

Signature